DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO 22-0C

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

# MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

**DECEASED**

1 DECEASED–NAME: FIRST Eva MIDDLE LAST Schmidt

2 SEX: Female

3 DATE OF DEATH (MONTH, DAY, YEAR): July 7, 1989

4 COUNTY OF DEATH: DuPage

5a AGE–LAST BIRTHDAY (YRS): 91

5b UNDER 1 YEAR MOS / DAYS

5c UNDER 1 DAY HOURS / MIN

5d DATE OF BIRTH (MONTH, DAY, YEAR): July 15, 1897

6a CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Naperville

6b HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Edward Hospital

6c IF HOSP OR INST, INDICATE D.O.A., OP, EMER, RM, INPATIENT (SPECIFY): Emer. Rm.

7 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Hungary

8a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

8b NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): none

9 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO): no

10 SOCIAL SECURITY NUMBER: 346-26-5149

11a USUAL OCCUPATION: Homemaker

11b KIND OF BUSINESS OR INDUSTRY: Own Home

12 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary, Secondary (0-12): 6; College (1-4 or 5+):

13a RESIDENCE (STREET AND NUMBER): 310 W. Martin Ave.

13b CITY, TOWN, OR ROAD DISTRICT NO: Naperville

13c INSIDE CITY (YES, NO): yes

13d COUNTY: DuPage

13e STATE: IL

13f ZIP CODE: 60540

14a RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White

14b OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☒ NO ☐ YES SPECIFY:

**PARENTS**

15 FATHER–NAME: FIRST Jacob MIDDLE LAST Schreiber

16 MOTHER–NAME: FIRST Eva MIDDLE LAST Lehmann

17a INFORMANT'S NAME (TYPE OR PRINT): Marla Bonus

17b RELATIONSHIP: Grand-daughter

17c MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 424 S.River Rd.,Naperville,IL60540

**CAUSE**

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate Cause (Final disease or condition resulting in death) → | (a) Congestive Heart Failure | 14 MONTHS |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerosis | YEARS |
| | DUE TO, OR AS A CONSEQUENCE OF (c) | |

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: Myasthenia Gravis;

19a AUTOPSY (YES, NO): no

19b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES, NO):

20a DATE OF OPERATION, IF ANY:

20b MAJOR FINDINGS OF OPERATION:

20c IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒

**CERTIFIER**

21a I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM, HER ALIVE ON (MONTH, DAY, YEAR): 6-30 89

21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES, NO): yes

21c HOUR OF DEATH: 2:00 A. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE, AND DUE TO THE CAUSE(S) STATED.

22a SIGNATURE ▶ Robert F. Nubbaed

22b DATE SIGNED (MONTH, DAY, YEAR): 7-7-89

22c NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT):

22d ILLINOIS LICENSE NUMBER: 003-036-068580-

23 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): ROBERT F. NUBBAED, M.D. 720 BROM #203 B NAPERVILLE, IL

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

**DISPOSITION**

24a BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b CEMETERY OR CREMATORY–NAME: St. Mary

24c LOCATION CITY OR TOWN STATE: Evergreen Park, IL

24d DATE (MONTH, DAY, YEAR): 07/10/89

25a FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Beidelman-Kunsch Funeral Home,117 W. Van Buren, Naperville, IL 60540

25b FUNERAL DIRECTOR'S SIGNATURE ▶ Ralph Kunsch

25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 31-7602

26a LOCAL REGISTRAR'S SIGNATURE ▶ James P. Pawlowski, M.D. and Eugene L. Cagen

26b DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): July 7,1989

VR200 (Rev. 1-89) Illinois Department of Public Health – Office of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE July 7 1989 SIGNED James P. Pawlowski, M.D.

AT NAPERVILLE, Illinois. OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar of the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.